

Attachment A

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA**

ROBERT D. PARKER

Your full name

**STATE CIVIL RIGHTS COMPLAINT
PURSUANT TO 42 U.S.C. § 1983**

v.

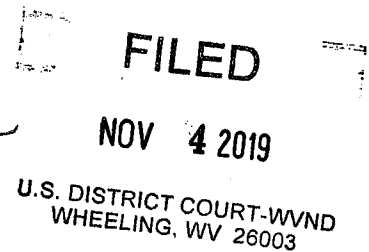
Civil Action No.: 5:19 CV 303
(To be assigned by the Clerk of Court)

RN PEARSAI

RN HILMAN

Enter above the full name of defendant(s) in this action

Stamp
Marzone
Blalock



I. JURISDICTION

This is a civil action brought pursuant to **42 U.S.C. § 1983**. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your Name: ROBERT D. PARKER

Inmate No.: 90390-083

Address: USP POLLOCK P.O. Box 2099 Pollock, LA 71467

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

B. Name of Defendant: C. PEARSAI

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Position: REGISTERED NURSE

Place of Employment: FCI HAZELTON

Address: FCI HAZELTON, P.O. BOX 5000, BRUCEYON MILLS, WEST VIRGINIA 26525

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.1 Name of Defendant: G. HILMAN

Position: REGISTERED NURSE

Place of Employment: FCI HAZELTON

Address: FCI HAZELTON, P.O. BOX 5000, BRUCEYON MILLS, WEST VIRGINIA 26525

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.2 Name of Defendant: _____

Position: _____

Place of Employment: _____

Address: _____

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Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.3 Name of Defendant: _____

Position: _____

Place of Employment: _____

Address: _____

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

B.4 Name of Defendant: _____

Position: _____

Place of Employment: _____

Address: _____

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

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B.5 Name of Defendant: _____
Position: _____
Place of Employment: _____
Address: _____

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: _____

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/Institution: USP POLLOCK

A. Is this where the events concerning your complaint took place?
☐ Yes ☒ No

If you answered "NO," where did the events occur?

FCI HAZELTON

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure? ☒ Yes ☐ No

D. If your answer is "NO," explain why not _____

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- _____
- _____
- E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 BP 8

LEVEL 2 BP 9

LEVEL 3 BP 10

LEVEL 4 BP 11 WITH NO RESPONSE

IV. **PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No
- B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "TV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court: _____
(If federal court, name the district; if state court, name the county)

3. Case Number: _____

4. Basic Claim Made/Issues Raised: _____

5. Name of Judge(s) to whom case was assigned: _____

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6. Disposition: _____
 (For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: _____

8. Approximate date of disposition. **ATTACH COPIES**

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B? ☐ Yes ☒ No

D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.

E. Did you exhaust available administrative remedies? ☒ Yes ☐ No

F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.

I HAVE FILED A(N) EXTENSIVE STATEMENT
WITH ALL BP8, BP9, B70, AND BP11 REMEDIES
TO RESOLVE THIS MATTER, BUT NO ACTIONS WAS TAKEN.

G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

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1. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Name and location of court and docket number:

3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: _____

5. Approximate date of disposition: _____

V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. **You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint.** Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: DEFENDANT (1) RN PEARSAI VIOLATED MY 8th ADMENDMENT RIGHTS OF "UNDER DEFERENCE", AS WELL AS "MEDICAL MALPRACTICE" DO TO THE FACT THAT SHE HAD YELDED TO SHOW NO COURTEOUS REGARD TO ME

Supporting Facts: ON August 7, 2017 at FCI Hazelton, RN PEARSAI HAD WENT BEYOND INFLUENCE OR PASSIVE PERSUASION BY COERCING ME TO TAKE A SECOND OR FOLLOW-UP SHOT OF A PNEUMONIA VACCINE. I HAD TOLD RN PEARSAI THAT I DIDN'T WANT TO TAKE THE SHOT BECAUSE OF THE PAIN FROM THE FIRST SHOT. BUT THROUGH CRAFTINESS SHE HAD INSISTED THAT I TAKE THE SHOT, AND THAT DISPLAYED THAT RN PEARSAI ADMINISTERED HER OWN JUSTICE.

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CLAIM 2: DEFENDANT (2) RN HILEMAN VIOLATED MY 8th ADMENDMENT RIGHTS OF "MEDICAL NEGLIGENCE", AS WELL AS "PAIN AND SUFFERING" WHICH HAD CAUSED ME GREATER HARM. (SEE EXHIBIT 1A)

Supporting Facts: ON AUGUST 7, 2017 AT FCI HAZELTON, RN HILEMAN ACTIONS TOWARDS ME IN THIS MATTER WAS THE MOST TRAGIC ABUSE, AND DEMONSTRATED A(N) EXCUSABLE UNDERSTANDING. RN HILEMAN HAD SAW ME AND TREATED ME FOR THE PAIN AND SWELLING THAT I WAS EXPERIENCING (SEE ATTACHMENT: I & II)

CLAIM 3: _____

Supporting Facts: _____

CLAIM 4: _____

Supporting Facts: _____

CLAIM 5: _____

Supporting Facts: _____

VI. INJURY

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Describe **BRIEFLY and SPECIFICALLY** how you have been injured and the exact nature of your damages.

I had BEEN EXPOSED TO A PNEUMONIA VACCINE WHICH HAD CAUSED AN ALLERGIC REACTION TO THE POINT OF MASSIVE SWELLING TO THE RIGHT ARM OF THE INJECTION SITE, AS WELL AS A SERIES OF FOLLOW UP MEDICATIONS, AND DRUG OVERDOSE UTILIZERS WHICH CAUSED GREATER PAIN.

VII. RELIEF

State **BRIEFLY and EXACTLY** what you want the Court to do for you.

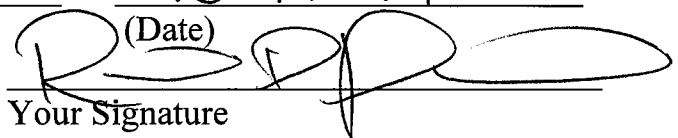
Make no legal arguments. Cite no cases or statutes.

I'M SEEKING JUSTICE TO BE PAID TO ME IN THE AMOUNT OF \$ 3,300,999 DOLLARS TO RESOLVE THIS MATTER.

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at USP POLLOCK
(Location)

on 10-17-19
(Date)

Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

ROBERT D. PARKER

Your full name

v.

Civil Action No.: _____

RN PEARSON

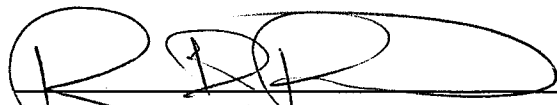
RN HILMANN

Enter above the full name of defendant(s) in this action

Certificate of Service

I, ROBERT D. PARKER (your name here), appearing *pro se*, hereby certify that
I have served the foregoing STATE CIVIL RIGHTS COMPLAINT
PURSUANT TO 42 USC 1983 (title of document
being sent) upon the defendant(s) by depositing true copies of the same in the United States
mail, postage prepaid, upon the following counsel of record for the defendant(s) on
8-7-2017 (insert date here):

(List name and address of counsel for defendant(s))


(sign your name)